

# APPLICATION FOR A SOUTH DAKOTA POSTSECONDARY CREDENTIAL

Department of Education, Office of Accreditation and Teacher Quality,  
700 Governors Drive, Pierre SD 57501-2291 Telephone: (605) 773-3553

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## CHECK ONE:

Initial Credential: ☐ 1-year -- \$15 processing fee ☐ 2-year -- \$20 processing fee ☐ 5-year -- \$30 processing fee  
Renewal Credential: ☐ 1-year -- \$15 processing fee ☐ 5-year -- \$30 processing fee

1. Submit this application and conduct review statement with the appropriate processing fee in the form of a money order, or cashier's or personal check payable to the Department of Education.
2. Submit OFFICIAL transcripts from all universities/colleges/technical institutes attended.
3. INITIAL applicants MUST submit Verification of Employment forms for occupational work experience.
4. RENEWAL applicants MUST submit a Master Record Form.

☐ Check here if no transcripts will be submitted.

## PART I

Last Name	First	Initial	Maiden Name
Street Address		City	State and Zip +4
Social Security #	Date of Birth	Email Address	
Day Telephone : _____		Evening Telephone: _____	

## PART II

I hereby authorize the Department of Education to review and inspect court and law enforcement records maintained by any state or the federal government for the purpose of verifying the information submitted above and specifically waive any privacy right or personal right to prior notice that may attach to these records

\_\_\_\_\_  
Signature Date

## PART III – Only first time applicants must complete Part III

### Citizenship and Oath of Allegiance SDCL 13-42-6

Yes \_\_\_ No \_\_\_ Are you a citizen of the United States: If no, of which country are you a citizen? \_\_\_\_\_

**Note:** Legal aliens are not required to sign the oath of allegiance but must submit proof of legal alien status, such as a copy of his/her green card.

I do solemnly swear (or affirm) that I am a citizen of the United States and that I will support the Constitution of the United States and of the State of South Dakota and the information contained in this application is true and correct to the extent of my knowledge.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

## PART IV

I request that a postsecondary credential be issued to this instructor in accordance with the regulations of the South Dakota Board of Education.

This applicant is requesting \_\_\_\_\_ credential to instruct  
list credential code (s) and title of credential(s)

\_\_\_\_\_ at \_\_\_\_\_ Technical Institute.  
list course (s) or program

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Postsecondary Administrator

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Local Credential Committee Chair

**APPLICANT CONDUCT REVIEW STATEMENT**  
**SDCL 13-42-9, 13-42-10, 25-7A-56**

**GENERAL INFORMATION AND INSTRUCTIONS**

Applicants **must** respond to all questions before their postsecondary credential application will be processed.

<b>IDENTIFICATION INFORMATION</b>	
Applicant Full Name (Last, First, Middle)	Previous Full Name or Nickname
Social Security Number	Date of Birth (Month, Date, Year )

Failure to answer any of these questions in a truthful and complete manner or failure to provide truthful information or documentation requested could lead to denial of a credential to teach in South Dakota, or could lead to disciplinary action being taken against any teaching credential that you possess. For questions regarding the conduct review statement, call Lisa Lomheim at 605-773-4705.

Respond to **EVERY** item. If an arrow (➡) follows your response, follow the instruction given. Please attach any/all requested materials to your application, numbering the attachments with the number of the applicable item. If you do not respond to an item, or if the required attachments do not accompany your application, your application **may be significantly delayed**.

**1. Have you ever been charged, indicted, summoned or tried in any criminal matter?**

☐ YES      ☐ NO

➡ If **YES** – Please explain briefly, and submit in hardcopy all certified documents relating to the criminal matter/offense. Please attach all certified documents to this statement and mail to: Department of Education, Office of Accreditation and Teacher Quality, 700 Governors Drive, Pierre, South Dakota 57501.

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**2. Have you ever been convicted, been charged with, or pleaded guilty to any crime?**

The term **conviction** includes a finding of guilt by a judge or jury, or admission of guilt or plea of guilty, or a plea without an admission of guilt. You must include those crimes where the sentence was stayed, suspended, executed or you received a suspended imposition of sentence.

The term **crime** includes misdemeanor and felony offenses. It does not include petty offenses such as minor traffic offenses, including but not limited to: speeding tickets, stop sign violations, or careless driving offenses. If you are not sure whether the crime would be a minor offense, please include the offense.

All persons hired by a school district (either directly or by contract/agreement) shall submit to a criminal background check investigation by means of fingerprint checks by the Division of Criminal Investigation and Federal Bureau of Investigation -- SDCL 13-10-12. Criminal convictions may be considered in hiring decisions -- SDCL 13-10-13. Suspension or resignation of employee for criminal conviction shall be reported to the Department of Education -- SDCL 13-10-15.

☐ YES      ☐ NO

➡ If **YES** – Please explain briefly and attach certified court documents indicating the crime for which you were convicted, the dates of your conviction or plea of guilty, and the dates you were sentenced, and the sentence imposed. If you have been discharged from probation, include information regarding your discharge from probation. If you are currently on probation, provide the name and telephone number of your probation officer. Attach all court

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3. **Has it ever been determined by a judge or jury in South Dakota or elsewhere that a child or minor adult was abused or neglected through your actions or omission?**

☐ YES      ☐ NO

➡ If **YES** – Please explain briefly and provide court documents.

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4. **Have you ever been in arrears or failed to pay child support in this state or elsewhere?**

Credentials will not be issued to anyone in child support arrears according to SDCL 25-7A-56.

☐ YES      ☐ NO

➡ If **YES** – Please explain briefly and provide court documents.

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5. **Have you ever had any credential, certificate or license authorizing school teaching or educational service suspended, revoked, voided, denied, cancelled, rescinded, or rejected for cause and /or otherwise taken away in South Dakota or in any other state, commonwealth, territory, or possession of the United States of America or elsewhere?**

☐ YES      ☐ NO

➡ If **YES** – Please attach documents explaining the action, location(s), dates(s) and agency involved.

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6. **Is there any type of adverse action pending against any credential, license or certificate that you now hold or have ever held that authorizes school teaching or educational service?**

☐ YES      ☐ NO

➡ If **YES** – Please attach material explaining the action or charges, location(s), dates(s) and agency involved.

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7. **Have you ever left employment, been discharged, terminated or resigned to avoid dismissal or disciplinary action?**

☐ YES      ☐ NO

➡ If **YES** – Please explain briefly.

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8. **Have you ever held a license, certificate or credential, other than as a teacher or administrator, which has been revoked, cancelled, rescinded, suspended or taken away in South Dakota or elsewhere? (i.e., certified public accountant, insurance agent, real estate broker, etc.)?**

☐ YES      ☐ NO

➡ If **YES**, state the license, certificate or credential held and present the status of each.

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9. **Is there any information not disclosed by your answers concerning your background, history, experience, education, or activities which may have some bearing on your character, moral fitness, or eligibility to teach or hold an administrative position in South Dakota and which should be placed at the disposal or brought to the attention of the South Dakota Department of Education?**

☐ YES      ☐ NO

➡ If **YES**, state the facts fully, but concisely.

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## **AUTHORIZATION**

I hereby authorize the Department of Education to review and inspect any and all records maintained by the State of South Dakota, Tribal entities and/or the Federal Government for the purpose of verifying the answers submitted above.

I further agree to provide any additional documentation or records requested by the South Dakota Department of Education that pertains to information submitted as a part of this application.

I declare and affirm under penalties of perjury pursuant to SDCL 22-29-9.1 that this application has been examined by me, and to the best of my knowledge and belief, is in all things true, accurate, complete and correct. I understand that any intentional falsification, misrepresentation or omission of facts or falsification of statements on accompanying documents may result in criminal charges and/or the denial of my credential application, and could affect the status of my teaching credential.

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Signature of Applicant

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Date